

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5919 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05927			
Item 3, Film G183, 7/11/55 a CERTIFICATE OF DEATH			
Reg. Dist. No. 265			
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Crisfield	LENGTH OF STAY (in this place) 5 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR Crisfield	39
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital		STREET ADDRESS (If rural give location) 1	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH:	
(First) INFANT James (Middle) (Last) Lee Blue, Jr.		(Month) June 14 (Day) 19 (Year) 55	
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: June 14, 1955
9. AGE last birthday: yrs. Months Days Hours Min. 5		10. BIRTHPLACE (State or foreign country): Crisfield, Md.	
11. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Blue		14. MOTHER'S MAIDEN NAME: Margaret Lee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: none	
17. INFORMANT & ADDRESS: Margaret Lee-Tyler St.-Crisfield, Md.			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			Interval Between Onset And Death
776X Immediate cause (a) 6 min. tetanus			5 hr.
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO			
(c)			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/14, 1955, to 6/14, 1955, that I last saw the deceased alive on 6/14, 1955, and that death occurred at 6 A.M. from the causes and on the date stated above.			
SIGNATURE Sarah M. Peyton M.D.		ADDRESS Crisfield, Md.	
DATE SIGNED 6/17/55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	
Burial		June 17, 1955	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
Lawsonia Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
6/17/55		Betty W. Tupper	
24. FUNERAL DIRECTOR		ADDRESS	
Bradshaw & Sons-Crisfield, Md.			

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# MINNESOTA STATE DEPARTMENT OF HEALTH - BUREAU OF VITALS

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. DATE OF DEATH

6. TIME OF DEATH

7. CAUSE OF DEATH

8. PLACE OF BIRTH

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BUREAU V. S.

JUN 23 1955

RECEIVED

5920

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>3 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		<u>39</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>				STREET ADDRESS (If rural give location) <u>S. Somerset Ave.</u>		<u>1</u>	
3. NAME OF DECEASED: (First) <u>GRACE</u> (Middle) <u>MAE</u> (Last) <u>BRIDDELL</u>		4. DATE OF DEATH: (Month) <u>June</u> (Day) <u>15</u> (Year) <u>1955</u>					
5. SEX: <u>female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>January 7, 1888</u>	9. AGE last birthday: <u>67</u> yrs.	If UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Executive</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Cutlery Mfg.</u>		11. BIRTHPLACE (State or foreign country): <u>Marion Station, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Ge oge Thomas Maddox</u>				14. MOTHER'S MAIDEN NAME: <u>Evelyn Dorsey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS: <u>Chas. D. Briddell, Jr.-Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<u>170 X</u> Immediate cause (a) <u>metastasis in Brain + Lung -</u> Antecedent causes (s) (b) <u>carcinoma of Breast</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)				<u>about 5 mos</u> <u>about 5 mos</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>carcinoma of Breast</u>					
19a. DATE OF OPERATION: <u>Jan. 1955</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Carcinoma</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1955, to <u>June 15</u> , 1955, that I last saw the deceased alive on <u>June 15</u> , 1955, and that death occurred at <u>9:00 P.M.</u> from the causes and on the date stated above.					
SIGNATURE <u>George C. Gough</u>		(Degree or Title)		ADDRESS <u>Marion Sta. Ind</u> DATE SIGNED <u>6-17-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 18, 1955</u>		NAME OF CEMETERY OR CREMATION <u>St. Paul's Cemetery</u> LOCATION (City, town, or county) (State) <u>Marion Station, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>June 17, 1955</u>		REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>		24. FUNERAL DIRECTOR <u>Bradshaw &amp; Sons--Crisfield, Md.</u> ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 22 1955

RECEIVED

5921

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <b>Crisfield</b>		1 day		OR TOWN <b>Marion Station</b> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		<b>McCreedy Hospital</b>		STREET ADDRESS (If rural give location) <b>/</b>			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) <b>LEROY</b>		(Middle) <b>ALLEN</b>		(Last) <b>BRIDDELL</b>		OF DEATH: <b>June 30 19 55</b>	
5. SEX: <b>Male</b>		6. COLOR OR RACE: <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Widowed</b>		8. DATE OF BIRTH: <b>July 3, 1888</b>	
9. AGE last birthday <b>66</b> yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>				10B. KIND OF BUSINESS OR INDUSTRY: <b>For Himself</b>		11. BIRTHPLACE (State or foreign country): <b>R.F.D. Marion Station, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME: <b>Jenkins Briddell</b>			
14. MOTHER'S MAIDEN NAME: <b>Annie Howard</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>216-09-0042</b>				17. INFORMANT & ADDRESS: <b>Norwood Briddell-Marion Station, Md.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						3 days	
IMMEDIATE CAUSE (A) <b>581.0</b> <b>Uremia - Acute Dil. of Heart</b>							
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>Chronic Hepatitis - Chronic Myocarditis &amp; Nephritis</b>						2 or 3 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <b>0</b>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 27, 1955</b> , to <b>June 30, 1955</b> , that I last saw the deceased alive on <b>June 30, 1955</b> , and that death occurred at <b>4:50 a.m.</b> from the causes and on the date stated above.							
SIGNATURE <b>Geny C. C. Coulburn M.D.</b>		ADDRESS <b>Marion Sta. Ind</b>		DATE SIGNED <b>July 2, 1955</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>July 2, 1955</b>		NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>		LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>July 2, 1955</b>		REGISTRAR'S SIGNATURE <b>Nellie D. Payne</b>		24. FUNERAL DIRECTOR ADDRESS <b>Bradshaw &amp; Sons-531 Main St.-Crisfield, Md.</b>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 7 1955

BUREAU V. S.



5922

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Somerset</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY <b>Somerset</b>
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X</b> TOWN <b>Crisfield</b>	LENGTH OF STAY (in this place) <b>since birth</b>	CITY (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCreedy Hospital</b>	STREET ADDRESS (If rural give location) <b>39</b> <b>1</b>		

3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <b>INFANT</b>	(Middle) <b>BOY</b>	(Last) <b>BROWN</b>	
(Type or Print)		OF DEATH: <b>June 27 19 55</b>	
5. SEX: <b>male</b>	6. COLOR OR RACE: <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>single</b>	8. DATE OF BIRTH: <b>June 27, 1955</b>
9. AGE last birthday		IF UNDER 1 YEAR	
		Months	Days
		Hours	Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>none</b>	10B. KIND OF BUSINESS OR INDUSTRY: <b>none</b>	11. BIRTHPLACE (State or foreign country): <b>Crisfield, Md.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13. FATHER'S NAME: <b>Alonzo Brown</b>	14. MOTHER'S MAIDEN NAME: <b>Eleanor Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>no</b>	16. SOCIAL SECURITY NO. <b>_____</b>	17. INFORMANT & ADDRESS: <b>Alonzo Brown—N. 4th St.—Crisfield, Md.</b>
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18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <b>Respiratory Failure</b>		<b>1 hr.</b>
ANTECEDENT CAUSE (B) <b>Prematurity</b>		<b>18 hours</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>Premature Labor</b>		<b>21 hours</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Labor after hemorrhage from marginal placenta</b>		

19A. DATE OF OPERATION: <b>6/27/55</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/27**, 19**55**, to **6/27**, 19**55**, that I last saw the deceased alive on **6/25**, 19**55**, and that death occurred at **10:30** M, from the causes and on the date stated above.

SIGNATURE **A. N. Barr, M.D.** ADDRESS **Crisfield, Md.** DATE SIGNED **6/28/55**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>burial</b>	DATE THEREOF <b>June 28, 1955</b>	NAME OF CEMETERY OR CREMATORY <b>Lawsonia Cemetery</b>	LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>
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DATE REC'D BY LOCAL REGISTRAR <b>6/28/55</b>	REGISTRAR'S SIGNATURE <b>Betty W. Tyler</b>	24. FUNERAL DIRECTOR, ADDRESS <b>Bradshaw &amp; Sons—531 Main St.—Crisfield, Md.</b>
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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 5 1955

BUREAU V. S.



5918

## CERTIFICATE OF DEATH

Reg. Dist. No. 265...

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>39 Crisfield</b>		LENGTH OF STAY (in this place) <b>lifetime</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>39 Crisfield</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>126 Maryland Ave.</b>				STREET ADDRESS (If rural give location) <b>126 Maryland Ave.</b>			
3. NAME OF DECEASED: (First) <b>ELIZABETH</b> (Middle) (Last) <b>CHRISTY</b>				4. DATE (Month) (Day) (Year) OF DEATH: <b>June 24 19 55</b>			
5. SEX: <b>female</b>	6. COLOR OR RACE: <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>widowed</b>	8. DATE OF BIRTH: <b>Nov. 26, 1872</b>	9. AGE last birthday <b>83</b> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>domestic</b>		11. BIRTHPLACE (State or foreign country): <b>Crisfield, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME: <b>Revelle Sterling</b>				14. MOTHER'S MAIDEN NAME: <b>Margaret Sterling</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>no</b> (If Yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT & ADDRESS: <b>122 Maryland Ave. Mrs. Helen Christy Neilson- Crisfield, Md.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <b>Coronary Insufficiency</b>						<b>12 hours</b>	
ANTECEDENT CAUSE (S) DUE TO (B) <b>Inanition</b>						<b>Several Weeks</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>Carcinoma, G-I. Tract</b>						<b>6 mo.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <b>9/14/55</b>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9/14</b> , 19 <b>55</b> , to <b>6/24</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>6/19</b> , 19 <b>55</b> , and that death occurred at <b>8:45 PM</b> , from the causes and on the date stated above.							
SIGNATURE <b>A. N. Ban</b>		ADDRESS <b>Crisfield, Md.</b>		DATE SIGNED <b>6/28/55</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>burial</b>		DATE THEREOF <b>June 27, 1955</b>		NAME OF CEMETERY OR CREMATORY <b>Crisfield Cemetery</b>		LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>6/27/55</b>		REGISTRAR'S SIGNATURE <b>Betty W. Tyler</b>		24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons-531 Main St.-Crisfield, Md.</b>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 3

JUL 5 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05932

Do. Coulbourn

5923

## CERTIFICATE OF DEATH

Reg. Dist. No. 261...

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Somerset</u>			
CITY (If outside corporate limits, write TOWN and give nearest town) <u>MARION</u>		LENGTH OF STAY (in this place) <u>4 months</u>		CITY (If outside corporate limits, write TOWN OR TOWN <u>MARION</u> RURAL <u>X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.D. #1</u>				STREET ADDRESS (If rural give location) <u>R.D. #1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>George Stephen Cluff</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>June 17 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH: <u>JAN. 6-1870</u>	
9. AGE last birthday: <u>85</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired FARMER ON OWN FARM</u>		11. BIRTHPLACE (State or foreign country): <u>Somerset Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>George Isaac Cluff</u>				14. MOTHER'S MAIDEN NAME: <u>Margaret Coulbourn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u></u>			
17. INFORMANT & ADDRESS: <u>Mr. Charles A. Cluff (Brother)</u>							
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>422.1</u> <u>Uremia - Acute Dil of Heart</u>				<u>1 week</u>			
ANTECEDENT CAUSE (B) <u>Chronic Myocarditis - Chronic Int. nephritis</u>				<u>years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>General Atherosclerosis</u>				<u>Years</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u></u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 17, 1955</u> , to <u>June 17, 1955</u> , that I last saw the deceased alive on <u>June 17, 1955</u> , and that death occurred at <u>7:05 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>George C. Coulbourn M.D.</u>				ADDRESS <u>Marion Sta. Ind</u> DATE SIGNED <u>JUNE 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>JUNE 19-1955</u>		NAME OF CEMETERY OR CREMATORY <u>PARSONS Cemetery</u>		LOCATION (City, town, or county) (State) <u>Salisbury, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>June 18, 1955</u>		REGISTRAR'S SIGNATURE <u>Hellie D. Payne</u>		24. FUNERAL DIRECTOR <u>Holloway Company</u>		ADDRESS <u>Salisbury Md.</u>	

RECEIVED

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RECEIVED  
JUN 22 1955  
BUREAU V. S.

5924

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Somerset</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY <b>Somerset</b>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>TOWN Crisfield</b>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <b>Rural- Crisfield, Md.</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCreedy Hospital</b>		STREET ADDRESS <b>Johnson Creek Road</b>	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <b>Gordon</b>	(Middle) <b>Carlisle</b>	(Last) <b>Daugherty</b>	(Month) <b>June</b> (Day) <b>4</b> (Year) <b>19 55</b>
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Married</b>	8. DATE OF BIRTH: <b>Sept. 24, 1890</b>
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <b>Police Work</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Police Dept.</b>	11. BIRTHPLACE (State or foreign country): <b>Crisfield, Maryland</b>
13. FATHER'S NAME: <b>Charles O. Daugherty</b>		14. MOTHER'S MAIDEN NAME: <b>Maggie F. Dize</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <b>NO</b>		16. SOCIAL SECURITY NO.: <b>218-05-2065</b>	
17. INFORMANT & ADDRESS: <b>Hattie E. Daugherty, Crisfield, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate Cause: <b>Automobile accident</b>		
Antecedent Causes: <b>Internal injury, concussion, Brain</b>		
Disease or condition, if any, giving rise to the above cause: <b>Fractured Skull - Fractured</b>		
Condition immediately preceding the above cause last: <b>Right Leg - Shock</b>		
OTHER SIGNIFICANT CONDITIONS: <b>Autosmobile accident</b>		
19a. DATE OF OPERATION: <b>June 4, 1955</b>		20. AUTOPSY? <b>Yes</b>
19b. MAJOR FINDINGS OF OPERATION		

21. ACCIDENT (Specify) <b>Accident</b>		PLACE OF INJURY: <b>State Road</b>	(CITY OR TOWN) <b>Crisfield</b>	(COUNTY) <b>Somerset</b>	(STATE) <b>Md</b>
TIME (Month) (Day) (Year) (Hour) OF INJURY: <b>6, 4, 55-2</b>	INJURY OCCURRED: <b>While at Work</b>		HOW DID INJURY OCCUR: <b>Ran in Truck</b>		
22. I hereby certify that I attended the deceased from <b>Dead before I was called</b> to <b>2:50 PM</b> , that I last saw the deceased from the causes and on the date stated above.					
SIGNATURE: <b>Wm. H. Coulbourn M.D.</b>		ADDRESS: <b>Crisfield Md.</b>		DATE: <b>6/5/55</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		DATE THEREOF: <b>June 6, 1955</b>	NAME OF CEMETERY OR CREMATORY: <b>A. bury Cemetery</b>	LOCATION (City, town, or county): <b>Crisfield, Md.</b>	(State)
DATE REC'D BY LOCAL REGISTRAR: <b>6/6/55</b>		REGISTRAR'S SIGNATURE: <b>Betty W. Tyler</b>	24. FUNERAL DIRECTOR: <b>Durward Q. Covington, Crisfield, Md.</b>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 8 1955

RECEIVED



5925

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X TOWN Crisfield</b>		LENGTH OF STAY (in this place) <b>1 day</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>X TOWN R.F.D. Marion Station</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCreedy Hospital</b>				STREET ADDRESS (If rural give location) <b>1</b>			
3. NAME OF DECEASED: (First) <b>SARAH</b> (Middle) (Last) <b>DENNIS</b>				4. DATE OF DEATH: (Month) <b>June</b> (Day) <b>11</b> (Year) <b>19 55</b>			
5. SEX: <b>female</b>	6. COLOR OR RACE: <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>single</b>	8. DATE OF BIRTH: <b>1912</b>	9. AGE last birthday: <b>43 yrs.</b>		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Farming</b>		11. BIRTHPLACE (State or foreign country): <b>Portsmouth, Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME: <b>unknown</b>				14. MOTHER'S MAIDEN NAME: <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <b>no</b>		16. SOCIAL SECURITY No.: <b>---</b>		17. INFORMANT & ADDRESS: <b>Dr. Wm. H. Coulbourn-Crisfield, Md.</b>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<p>Immediate cause (a) <b>Gun shot wound of abdomen</b></p> <p>Antecedent causes (s) (b) <b>Left to chest - Shock</b></p> <p>giving rise to the above cause stating the underlying cause last <b>Wrote to McCreedy Hospital &amp; operated by Dr. Coulbourn which took place of autopsy.</b></p>							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death							
19a. DATE OF OPERATION: <b>June 11-55</b>		19b. MAJOR FINDINGS OF OPERATION: <b>Stomach &amp; Intestine out of abdomen</b>					
21. ACCIDENT, SUICIDE, HOMICIDE (Specify): <b>Homicide</b>		PLACE (Home, farm, factory, street, or place of injury): <b>Home</b>		CITY OR TOWN: <b>R.F.D. Marion</b>		COUNTY: <b>Somerset</b>	
TIME (Month) (Day) (Year) (Hour) OF INJURY: <b>June 11-55-2:45 PM</b>		INJURY OCCURRED: <b>White at Work</b>		HOW DID INJURY OCCUR?: <b>Shot with No 12 shot gun</b>			
22. I hereby certify that I attended the deceased from <b>she was dead before</b> and that death occurred at <b>5:45 PM</b> from the causes and on the date stated above.							
DATE REC'D BY LOCAL REGISTRAR: <b>6/17/55</b>		REGISTRAR'S SIGNATURE: <b>Betty W. Tyler</b>		24. FUNERAL DIRECTOR: <b>Bradshaw &amp; Sons--Crisfield, Md.</b>		ADDRESS: <b>1</b>	
23. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>		DATE THEREOF: <b>June 17, 1955</b>		NAME OF CEMETERY OR CREMATORY: <b>Lawsonia Cemetery</b>		LOCATION (City, town, or county) (State): <b>Crisfield, Md.</b>	

DEPUTY MEDICAL EXAMINER  
FOR SOMERSET COUNTY, MD.  
Wm. H. Coulbourn, M.D.



RECEIVED

JUN 23 1955

BUREAU V. S.

5926

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Princes anne</u>		<u>47 yrs</u>		OR TOWN <u>Princes anne</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
13. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>Gladys Doane</u>				OF DEATH: <u>June 4</u> <u>1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>col</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH: <u>Nov 24 - 1907</u>	
9. AGE last birthday: <u>47</u> yrs.		10. AGE last birthday: <u>47</u> yrs.		11. BIRTHPLACE (State or foreign country): <u>Princes Anne Somerset</u>		12. CITIZEN OF WHAT COUNTRY: <u>U S A</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Domestic</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u></u>			
13. FATHER'S NAME: <u>Charles Hayward</u>				14. MOTHER'S MAIDEN NAME: <u>Elizabeth Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u></u>			
17. INFORMANT & ADDRESS: <u>Herbert Doane Princes Anne Md</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Chronic Myocarditis</u>						<u>18 months</u>	
ANTECEDENT CAUSE (S) DUE TO (B) <u>Hypertension</u>						<u>2 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u></u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u>							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>2nd Floor W</u>			
22. I hereby certify that I attended the deceased from <u>Apr 22, 1955</u> to <u>June 4, 1955</u> that I last saw the deceased alive on <u>June 2nd</u> , 1955, and that death occurred at <u>M</u> , from the causes and on the date stated above.							
SIGNATURE <u>Eldon G. Martorman</u>		M. D. <u>Princes Anne Md</u>		DATE SIGNED <u>5.6.55</u>			
23. BURIAL, CREMATION, REMOVAL, (SPECIFY) <u>Burial</u>		DATE THEREOF <u>June 8, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		LOCATION (City, town, or county) (State) <u>Princes Anne Somerset Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>6/6/55</u>		REGISTRAR'S SIGNATURE <u>R. E. Johnson</u>		24. FUNERAL DIRECTOR <u>Charles H. Ward</u>		ADDRESS <u>Marion Sta, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 7 1955

RECEIVED

5927

## CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Somerset</b> MARYLAND		STATE <b>Maryland</b> COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>X TOWN RURAL Pocomoke City</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>RURAL Pocomoke City</b> <b>X</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>00 Rural</b>		STREET ADDRESS (If rural give location) <b>Rural</b>	
3. NAME OF DECEASED: (First) (Middle) (Last) <b>Ida Jean East</b>		4. DATE (Month) (Day) (Year) OF DEATH: <b>June 18 19 55</b>	
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Widow</b>	8. DATE OF BIRTH: <b>June 29, 1871</b>
9. AGE last birthday <b>83 yrs.</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>OWN</b>	11. BIRTHPLACE (State or foreign country): <b>Virginia</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME: <b>James Edward Justice</b>	
14. MOTHER'S MAIDEN NAME: <b>Elizabeth Satchel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT & ADDRESS: <b>Edward East, Pocomoke City, Md.</b>	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE <b>420.1</b>			<b>3 hours</b>
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			<b>Years.</b>
(A) <b>Coronary Thrombosis</b> DUE TO			
(B) <b>Generalized Arteriosclerosis</b> DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 18, 1955</b> , to <b>June 18, 1955</b> , that I last saw the deceased alive on <b>June 18, 1955</b> , and that death occurred at <b>340 A</b> M, from the causes and on the date stated above.			
SIGNATURE <b>Charles W. Trader</b>		DATE SIGNED <b>M. D. Pocomoke City, Md. June 18, 1955.</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>June 20, 1955</b>	
NAME OF CEMETERY OR CREMATORY <b>Quinton M. E.</b>		LOCATION (City, town, or county) (State) <b>Pocomoke (Rural) Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>June 20, 1955</b>		24. FUNERAL DIRECTOR ADDRESS <b>Henry H. Watson Pocomoke City, Md.</b>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 25 1955

BUREAU V. S.

5928

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>SOMERSET</u> MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>PRINCESS ANNE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>PRINCESS ANNE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural give location) <u>RED</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
<u>WILLIE</u> <u>FORD</u>		OF DEATH: <u>6</u> <u>21</u> <u>19</u> <u>55</u>	
5. SEX: <u>MALE</u>	6. COLOR OR RACE: <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>	8. DATE OF BIRTH: <u>8/22/1904</u>
9. AGE last birthday <u>50</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>LABOR</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>FARM</u>	
11. BIRTHPLACE (State or foreign country): <u>RICHMOND COUNTY, VA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME: <u>?</u>		14. MOTHER'S MAIDEN NAME: <u>?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>9</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>214-32-0940</u>	
17. INFORMANT & ADDRESS: <u>LOUISE FORD</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
151X IMMEDIATE CAUSE (A) <u>Carcinoma of Stomach</u>			<u>2 years?</u>
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>May 30, 1955</u>		19B. MAJOR FINDINGS OF OPERATION: <u>Ca of Stomach</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. HOW DID INJURY OCCUR?	
21G. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>Oct 23, 1954</u> to <u>Feb 19, 1955</u> , that I last saw the deceased alive on <u>Feb 19, 1955</u> , and that death occurred at <u>6 A</u> M, from the causes and on the date stated above.			
SIGNATURE <u>Geo M. Johnson</u>		ADDRESS <u>Princess Anne Md</u> DATE SIGNED <u>6-22-55</u>	
M. D. <u>Geo M. Johnson</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>6/24/55</u>	
NAME OF CEMETERY OR CREMATORY <u>christ.M.E.</u>		LOCATION (City, town, or county) (State) <u>COSTON STATION MD.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>6/23/55</u>		REGISTRAR'S SIGNATURE <u>W. B. Johnson, M.D.</u>	
FUNERAL DIRECTOR <u>W. B. Johnson</u>		ADDRESS <u>Princess Anne, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 24 1955

RECEIVED



5929

05937

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist.

No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Md</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Princess Anne RFD</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Princess Anne RFD (mt Vernon)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>Benjamin</u>	(Middle) <u>Franklin</u>	(Last) <u>Loggell</u>	(Month) <u>June</u> (Day) <u>3</u> (Year) <u>1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH: <u>Dec 10 1913</u>
9. AGE last birthday: <u>41</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of work, life, even if retired): <u>Fishing Station</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Gasoline</u>	
11. BIRTHPLACE (State or foreign country): <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>Benjamin Hayes Loggell</u>		14. MOTHER'S MAIDEN NAME: <u>Anna Rebecca Washell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
		17. INFORMANT & ADDRESS: <u>Grace Gladden Princess Anne</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
825X Immediate cause		
(a) <u>Fractured Skull</u>		
DUE TO		
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause		
stating underlying cause last		
(b) <u>Crushed Chest due to Automobile</u>		
DUE TO		
(c) <u>Accident</u>		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE (Home, farm, factory, OF <u>street office bldg., etc.,</u> INJURY <u>Highway 13</u>	21c. (City or town) (County) (State) <u>Princess Anne RFD Somerset Maryland</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 3, 1955 11:00 AM</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <u>R.D. Johnson</u>		
CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>June 4, 1955</u>		
DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		
ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		
23. BURIAL, CREMATION, REMOVAL (Specify): <u>burial</u>	DATE THEREOF: <u>6-6-55</u>	NAME OF CEMETERY OR CREMATORY: <u>Ashbury Cemetery</u>
LOCATION (City, town, or county) (State): <u>mt Vernon - Md.</u>	24. FUNERAL DIRECTOR: <u>James Herman Princess Anne Md.</u>	ADDRESS:
DATE REC'D BY LOCAL REG. <u>6/4/55</u>	REGISTRAR'S SIGNATURE: <u>R.D. Johnson, M.D.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 6 1955

RECEIVED



BUREAU V. S.

JUN 24 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5931

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Wicomico</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
X TOWN <u>Princess Anne - Route 1</u>		<u>1 day</u>		OR TOWN <u>Salisbury</u> <u>22-12-2</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Pine Beach Harbor</u>				STREET ADDRESS (If rural, give location) <u>306 Maryland Avenue</u>			
3. NAME OF DECEASED: (Type or Print)		(First) <u>Preston</u>		(Middle) <u>Lee</u>		(Last) <u>Swift</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Divorced</u>		8. DATE OF BIRTH: <u>May 22, 1931</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>City Serv. Station</u>		9. AGE last birthday: <u>24</u> yrs.		4. DATE OF DEATH: (Month) <u>June</u> (Day) <u>22</u> , (Year) <u>19 55</u>	
11. BIRTHPLACE (State or foreign country): <u>Marion Station, Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME: <u>Henry Swift</u>				14. MOTHER'S MAIDEN NAME: <u>Lottie Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>		(If Yes, give war or dates of service) <u>Korean</u>		16. SOCIAL SECURITY No.: <u>217-28-4245</u>		17. INFORMANT & ADDRESS: <u>James E. Swift - 807 S.Division St., Salisbury, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<u>929.8</u> Immediate cause (a) <u>Accidental Drowning</u> DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 22-55 3:45 P.M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> / Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>allowed -</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>R. J. Pherson</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>June 23-55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>					
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>6/25/55</u>		NAME OF CEMETERY OR CREMATORY <u>American Legion Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Somerset Co., Md.</u>	
DATE REC'D BY LOCAL REG. <u>6/24/54</u>		REGISTRAR'S SIGNATURE <u>R. J. Pherson, M.D.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bradshaw &amp; Sons - Crisfield, Maryland</u>			

# INFORMANT'S STATEMENT

1. Name of Informant: [Name] 2. Address: [Address] 3. Date of Statement: [Date] 4. Signature: [Signature]

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. Name of Deceased: [Name] 2. Date of Death: [Date] 3. Place of Death: [Place]

4. Cause of Death: [Cause] 5. Manner of Death: [Manner] 6. Age: [Age] 7. Sex: [Sex] 8. Race: [Race] 9. Occupation: [Occupation] 10. Education: [Education] 11. Marital Status: [Status] 12. Previous Illnesses: [Illnesses] 13. Present Illnesses: [Illnesses] 14. Medications: [Medications] 15. Alcohol Consumption: [Consumption] 16. Tobacco Use: [Use] 17. Other Factors: [Factors]

18. Signature of Medical Examiner: [Signature] 19. Date of Examination: [Date] 20. Place of Examination: [Place] 21. Signature of Informant: [Signature] 22. Date of Statement: [Date] 23. Place of Statement: [Place]

24. Signature of Medical Examiner: [Signature] 25. Date of Examination: [Date] 26. Place of Examination: [Place] 27. Signature of Informant: [Signature] 28. Date of Statement: [Date] 29. Place of Statement: [Place]

30. Signature of Medical Examiner: [Signature] 31. Date of Examination: [Date] 32. Place of Examination: [Place] 33. Signature of Informant: [Signature] 34. Date of Statement: [Date] 35. Place of Statement: [Place]

36. Signature of Medical Examiner: [Signature] 37. Date of Examination: [Date] 38. Place of Examination: [Place] 39. Signature of Informant: [Signature] 40. Date of Statement: [Date] 41. Place of Statement: [Place]

42. Signature of Medical Examiner: [Signature] 43. Date of Examination: [Date] 44. Place of Examination: [Place] 45. Signature of Informant: [Signature] 46. Date of Statement: [Date] 47. Place of Statement: [Place]

48. Signature of Medical Examiner: [Signature] 49. Date of Examination: [Date] 50. Place of Examination: [Place] 51. Signature of Informant: [Signature] 52. Date of Statement: [Date] 53. Place of Statement: [Place]

54. Signature of Medical Examiner: [Signature] 55. Date of Examination: [Date] 56. Place of Examination: [Place] 57. Signature of Informant: [Signature] 58. Date of Statement: [Date] 59. Place of Statement: [Place]

60. Signature of Medical Examiner: [Signature] 61. Date of Examination: [Date] 62. Place of Examination: [Place] 63. Signature of Informant: [Signature] 64. Date of Statement: [Date] 65. Place of Statement: [Place]

RECEIVED  
JUN 27 1955  
BUREAU V. S.



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05940

5932

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>SOMERSET</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>PRINCESS ANNE</u>		15 YEARS		TOWN <u>PRINCESS ANNE</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				1			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
DECEASED: (Type or Print) <u>IRENE WALSTON</u>				OF DEATH: <u>6/25/55</u> 19			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
MALE	NEGRO	MARRIED	APRIL 6 1911	44 yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
HOUSE WIFE HOUSE WORK						FLORIDA	
13. FATHER'S NAME: <u>P</u>				14. MOTHER'S MAIDEN NAME: <u>P</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
9						GEORGE WALSTON PRINCESS ANNE MD	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
171X IMMEDIATE CAUSE (A) <u>Cachexia</u>							3 months
ANTECEDENT CAUSE (S) (B) <u>marked anemia</u>							9 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Carcinoma of Cervix</u>							Oct 54 - June 55
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
0 none							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)	
						none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
June 25, 1955 9:10 P.M.							
22. I hereby certify that I attended the deceased from Oct., 1954 to June, 1955; that I last saw the deceased alive on 6/25/55, 1955, and that death occurred at 9:10 P.M., from the causes and on the date stated above.							
SIGNATURE <u>B. Frank Gigante</u>				M.D. <u>Princess Anne</u> DATE SIGNED <u>6/26/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
BURIAL				7/2/55		HOUSE JACOB	
DATE REC'D BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
7/1/55				<u>R.S. Johnson</u>		<u>M.D. Williams</u>	
						ADDRESS <u>Chance Maryland</u>	



BUREAU V. S.

JUL 5 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05941

5933

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTRY <b>SOMERSET</b> STATE <b>MARYLAND</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>PRINCESS ANNE</b> OR TOWN <b>PRINCESS ANNE</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>07</b>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>MARYLAND</b> COUNTY <b>SOMERSET</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>PRINCESS ANNE</b> OR TOWN <b>PRINCESS ANNE</b> STREET ADDRESS (If rural give location) <b>BECKFORD AVE</b>	
3. NAME OF DECEASED: (Type or Print) <b>SELENA</b> (First) <b>G.</b> (Middle) <b>WATERS</b> (Last)		4. DATE (Month) (Day) (Year) OF DEATH: <b>6</b> <b>25</b> <b>19 55</b>	
5. SEX: <b>FEMALE</b>	6. COLOR OR RACE: <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>WIDOWED</b>	8. DATE OF BIRTH: <b>9/14/1886</b>
9. AGE last birthday <b>68</b> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Mln.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>HOUSEWORK</b>	
11. BIRTHPLACE (State or foreign country): <b>PRINCESS ANNE, MD</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13. FATHER'S NAME: <b>WILLIAM NUTTER</b>		14. MOTHER'S MAIDEN NAME: <b>EMMA HENRY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: <b>HATTIE BROWN 836 PAYSON ST. BALTIMORE</b>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) <b>Chronic Myocarditis</b>			<b>14 MONTHS</b>
ANTECEDENT CAUSE (S) (B) <b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b>			
(C) <b>Interstitial Nephritis</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>April 12 1954</b> to <b>June 20 1955</b> that I last saw the deceased alive on <b>June 22 1955</b> and that death occurred at <b>1:30A</b> M, from the causes and on the date stated above.			
SIGNATURE <b>George S. Markmann</b>		ADDRESS <b>Princess Anne md.</b> DATE SIGNED <b>6.29.55</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF <b>6/29/55</b>	
NAME OF CEMETERY OR CREMATORY <b>JOHN WESLEY</b>		LOCATION (City, town, or county) (State) <b>PRINCESS ANNE, MD.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>6/29/55</b>		REGISTRAR'S SIGNATURE <b>K. S. Johnson, md.</b>	
24. FUNERAL DIRECTOR <b>William H. James Jr.</b>		ADDRESS <b>Princess Anne, md.</b>	

BUREAU V. 8

JUN 30 1955

